



## APPLICATION FOR FOSTER FAMILY HOME CARE LICENSE INSTRUCTIONS

This form is to be used both for application directly to the Department of Social and Health Services (local Community Services Office) and for application to a licensed child placing agency from which applicant wishes to receive children. Application should be made to one or the other and not to both simultaneously.

1. Basic Number: For department use only.
2. Name of Private Agency (if any): If you are applying to a licensed child-placing agency for the care of children to be placed by that agency, enter name of agency. Skip this section if application is made directly to the Division of Children and Family Services.
3. Applicant(s) Name(s): Enter your complete name(s), last name, first, followed by middle name(s) and/or initial(s). Application for foster family homes for children or expectant mothers and family homes for adults must be made by both husband and wife if they are living together. Application for family day care home or mini day care program need be made only by the person who will be providing care (e.g., husband need not sign unless he will be assisting his wife in child care). Applications by single persons are acceptable. Enter only names of person(s) applying. Names of spouses and other members of the household who are not applicants should be entered in section 13 (persons living in household).  
  
In the case of unmarried adults living together, e.g., two sisters, mother and adult daughter, etc., both of whom will share equally in the care of children or handicapped adults, both should be listed as applicants.
4. Please write your Social Security Number here.
5. Address: Enter your home address.
6. Directions for Reaching Your Home: If your home is hard to find or in a rural area, please give instructions on how to get there.
7. Telephone Number: Enter your telephone number, including area code. If you have no phone, place an "X" in space provided. Enter your e-mail address, if applicable.
8. Licensing Record: Enter "X" in appropriate box, i.e., indicate whether this is your first application for a license or a renewal of a current license (you should request renewal of license 3 months prior to the expiration of a current license).

Place an "X" in "Other" if you do not have a current license from the office or agency to which you are now applying and:

- a. You have been licensed previously by another office or agency in this state or in another state; or
- b. You have had a license suspended, denied or revoked in this state or in another state.

If "Other" is marked, briefly explain the circumstances in the following space. For example: "Was licensed five years ago by the ABC Child Placing Agency in Anywhere, California, but moved and quit foster care" or "My license for ABC County, Washington, was denied because my house was too small and my husband and I were on the verge of divorce."

9. Type of License Sought: Enter "X" in the appropriate box. A license will not be issued for more than one type of care except at the discretion of the department.
10. Client Preference: Place an "X" in the appropriate box to indicate the sex of persons you would prefer to care for; after "number," enter the maximum number (excluding your own family members) you desire to care for. In the space provided, indicate the range of ages of persons for whom you would like to care or place an "X" in the box labeled "No age preference."

Remarks: Describe the type of clients you feel most comfortable or competent in working with, e.g., infants, mentally retarded children, retarded adults under the age of 60; non-smokers; school age girls and boys, non-delinquent teenage girls, aged men, etc.

11. Nearest School: Enter name and approximate distance of schools from your home (e.g., 3 blocks, 1 1/2 miles). For homes for adults, enter NA (not applicable).
12. Nearest Public Transportation: Indicate type and distance from home, e.g., city bus - 3 blocks; school bus comes to the door, etc.

APPLICATION FOR FOSTER FAMILY HOME CARE LICENSE INSTRUCTIONS (CONTINUED)

13. Persons Living in Household (including self): Enter names and birth dates of all persons living in your home, your name first, followed by name of spouse (if any) and all other persons in your house and their relationship to you (e.g., spouse, son, daughter, mother, foster child, boarder, etc.). Attach additional listing if necessary because of lack of space on form. If the second person listed is also an applicant, in the relationship column enter both "applicant" and the relationship to the first person (e.g., "applicant, spouse").
14. Character References (not needed for renewal of license): List names, addresses and phone number of three persons who know you well and who can testify to your character and ability to provide care to other persons. Do not list more than one relative. Your licensor may ask for additional references as he/she deems necessary.
15. Liability insurance is required for vehicles used in transporting person placed in your care.
16. Socio-Economic Background: Each applicant (Number 1 and Number 2) must enter the appropriate information. The Department will not discriminate in the issuance of license to you because of your race or religion. However, we are particularly interested in recruiting homes from minority groups. We seek to place clients in homes having cultural backgrounds compatible with that of the person needing care. Although entries for "race" and "religion" are optional, we would appreciate your cooperation by completion of these two sections as follows.

For ethnic background, enter a number from the following designations and write in additional information as it is needed:

- |  |                                    |   |
|--|------------------------------------|---|
| 1. Black/African-American  | 15. American Indian                | 18. Mexican, Mexican-American, Chicano    |
| 2. Caucasian/White   | (identify the name of the enrolled | 19. Puerto Rican                          |
| 3. Chinese   | or principal tribe on application) | 20. Cuban                                 |
| 4. Filipino  | 16. Eskimo                         | 21. Other Hispanic/Latino(s)              |
| 5. Hawaiian  | 17. Aleut                          | (identify one group such as               |
| 6. Asian Indian  |                                    | Colombian, Dominican, Nicaraguan,         |
| 7. Japanese  |                                    | Spaniard, etc.; and write on application) |
| 8. Cambodian   |                                    | 22. Other ethnic group (write group       |
| 9. Guamanian   |                                    | on application)                           |
| 10. Korean   |                                    | 23. Multi-racial (if more than one race,  |
| 11. Samoan   |                                    | write preference on application)          |
| 12. Vietnamese   |                                    |   |
| 13. Laotian  |                                    |   |
| 14. Other Asian Pacific Islander (API) (identify other API on application) |                                    |   |

For religion, enter: Catholic, Protestant, Jewish, Buddhist, or such entry that best describes your religion. In the "education" column, enter the highest grade you completed or academic degree received, e.g., 8th grade, 12th grade, 2 years of college, BA degree, etc. In the "occupation" column, enter the name of your occupation. In the "annual income" column, enter each applicants approximate annual income and their combined income after "total." If one has no income other than shared income from the other, enter a dash in the income space.

Application for Adoption: Place an "X" in the appropriate box. If the answer is "yes," please write the name of the local office of the Department, or the name of the private agency or other organization with which your application is on file.

Deprivation of Custody of Own Children: Place an "X" in the appropriate box. If "Yes," please attach a statement to your application which explains why and when your children were removed from your custody.

Check your application over. Have you filled in all the information and answered all the questions on this form. Have you attached statements explaining your answers if your answer was yes to these questions: 17, 18, 19, or 20? Have you attached the documents requested under Section 21 which apply to you?

Signature: Sign the application on page 2.

Thank you for your time and patience. If you have any questions, please contact your licensor or the private agency you are working with.



# CHILDREN'S ADMINISTRATION

## APPLICATION FOR FOSTER FAMILY HOME CARE LICENSE

1. BASIC NUMBER (FOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) USE ONLY)				2. NAME OF PRIVATE AGENCY (IF ANY) THROUGH WHICH APPLICATION IS BEING MADE			
<b>3. APPLICANT NUMBER 1</b>				<b>4. APPLICANT NUMBER 2</b>			
NAME LAST		FIRST		NAME LAST		FIRST	
MIDDLE		MIDDLE		MIDDLE		MIDDLE	
MAIDEN NAME (IF APPLICABLE)				MAIDEN NAME (IF APPLICABLE)			
SOCIAL SECURITY NUMBER		BIRTHDATE		SOCIAL SECURITY NUMBER		BIRTHDATE	
5. STREET ADDRESS				CITY		STATE ZIP CODE	
6. DIRECTIONS FOR REACHING YOUR HOME						7. TELEPHONE NUMBER (INCLUDE AREA CODE)	
E-MAIL ADDRESS:							
8. TYPE OF LICENSE SOUGHT (CHECK ONE) <input type="checkbox"/> First <input type="checkbox"/> Other (explain): <input type="checkbox"/> Renewal <input type="checkbox"/> Family has moved				9. TYPE OF LICENSE SOUGHT (CHECK ONE) <input type="checkbox"/> Foster Family Home for children <input type="checkbox"/> Foster Family Home for a relative child			
10. CLIENT PREFERENCE		NUMBER		AGES FROM:		TO:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either sex						OR: <input type="checkbox"/> No age preference	
11. NEAREST SCHOOLS Elementary: Junior high: High:				12. NEAREST PUBLIC TRANSPORTATION Type: Location:			
13. PERSONS LIVING IN HOUSEHOLD (INCLUDING SELF)							
NAME		BIRTHDATE		RELATIONSHIP TO APPLICANT(S)		NAME	
				SELF			
14. CHARACTER REFERENCES (FOR INITIAL LICENSE ONLY)							
NAME		ADDRESS (INCLUDE ZIP CODE)				TELEPHONE NUMBER (INCLUDE AREA CODE)	
15. LIABILITY INSURANCE AUTOMOBILE INSURANCE    NAME OF COMPANY    INSURANCE AMOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No							
16. SOCIO-ECONOMIC BACKGROUND							
APPLICANT	ETHNIC BACKGROUND	RELIGION	EDUCATION*	OCCUPATION	ANNUAL INCOME		
1							
2							
					*HIGHEST GRADE COMPLETED		TOTAL
17. HAVE YOU APPLIED TO ADOPT A CHILD BEFORE?    TO WHAT AGENCY OR DIVISION OF CHILDREN AND FAMILY SERVICES OFFICE? <input type="checkbox"/> Yes <input type="checkbox"/> No							

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

18. Has applicant ever been deprived of custody of own children by court action? ☐ Yes ☐ No  
(NOTE: If yes, attach a statement of explanation.)
19. Has applicant or any other member of the household:
- A. Had a serious injury or illness or has been hospitalized during the past year, or currently under medication, or has a history of mental or physical limitations? ☐ Yes ☐ No
- B. Been found to have committed child abuse or neglect? (NOTE: If yes, attach a statement of explanation.) ☐ Yes ☐ No
20. Has applicant or member of household:
- A. Engaged in the illegal use of drugs? ☐ Yes ☐ No
- B. Engaged in excessive use of alcohol? ☐ Yes ☐ No
- C. Been convicted of a felony? ☐ Yes ☐ No
- D. Been released from prison in the past seven years? ☐ Yes ☐ No
- E. Ever applied for a foster home license before? ☐ Yes ☐ No
- F. Been denied a license to care for children or adults? ☐ Yes ☐ No
- G. Had a license to care for children or adults suspended or revoked? ☐ Yes ☐ No
21. ATTACH TO THIS APPLICATION ANY OF THE DOCUMENTS LISTED BELOW AS APPROPRIATE.
- A. Water test report, if water supply is from a private source.
- B. TB skin test (by Mantoux method) reports and/or X-ray reports prescribed by licensing requirements. If test is positive, include a physician's statement regarding communicability of condition.
- C. Evidence of applicants first aid training, if any (e.g., Red Cross and CPR certificate(s)) and for all caregivers.
- D. If applicant or a member of the household has had a serious injury or illness or has been hospitalized during the past year, or is currently under medication, or has a history of mental or physical limitations, attach a statement describing the condition and circumstances (a physician's statement may be requested).
- ☐ None of the described conditions exists.
- If either applicant has any criminal history a statement of the situation must be attached.
22. The Department of Social and Health Services (DSHS) may not license, make referrals to, payments to, or include in its directories the names of agencies which discriminate in the provision of services because of race, creed, color, national origin, sex, or handicap, or which discriminate in employment practices because of race, creed, color, national origin, sex, handicap or age. I hereby agree not to engage in prohibited discriminatory practices.
- I hereby certify that I have received, read, understand and agree to comply with the provisions of Chapter 74.15 of the RCW (child care agency licensing statute), and with the provisions of Chapter 388-148 of the WAC (minimum licensing requirements). I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. I (we) further understand that DSHS does a criminal history record check and a check of the central registry of child abuse for all persons applying for child care licenses and all persons over age 16 in the home.

1ST APPLICANT SIGNATURE:

DATE:

2ND APPLICANT SIGNATURE:

DATE:

**NOTE: WAC 388-148-0095 of the Washington Administrative Code provides that a license shall be denied, suspended, revoked or not renewed for misrepresentation or material omissions on this application.**

**DSHS 10-011(X) Application for Family Home Care License  
INSTRUCTIONS**

DSHS 10-011(X) is an application for a full license, and for renewal of a license to maintain in applicant's family residence a foster family home for children and a foster family home for expectant mothers.